

FORM **5021** (REV. 9-2003)

This form is to be retained by the customer.

MANUFACTURER OF RAW MATERIALS NAME:			
ADDRESS			
CITY, STATE AND ZIP CODE			
CUSTOMER'S NAME (This form is to be retain	ed by customer.)		
ADDRESS			
CITY, STATE AND ZIP CODE			
Section 144.030.2(12) RSMo provides an exemption for electrical energy used in facilities owned or leased by the taxpayer in manufacturing, processing, compounding, mining or producing a product, or in a material recovery processing plant, provided the raw materials used in such processing contain at least twenty-five percent (25%) recovered materials.			
Section 260.200(28) RSMo defines "Recovered Materials" as those materials which have been diverted or removed from the solid waste stream for sale, use, reuse, or recycling, whether or not they require subsequent separation and processing.			
As the manufacturer of product supplied to the customer stated above, this declaration is required by the Missouri Department of Revenue. Calculations must be by volume or weight. In accordance with section 144.320 RSMo your source documents are subject to inspection by the Director of Revenue or her/his duly authorized agents. NOTE: The manufacturer should make a good faith estimate of the material supplied to the customer. The manufacturer is responsible for providing the Department of Revenue accurate and complete information concerning the materials supplied to the customer.			
Product Supplied***			Year supplied***
Description of the Recovered Materials** Contained in Product	Total Weight/ Volume of the Recovered Materials**	Total Weight/Volume of ALL materials Contained in Product	Percentage of Recovered Materials Contained in Product**
equals			
** Recovered Materials include post-industrial materials and post-consumer materials but does NOT include materials and by-products generated from, and commonly reused within, an original manufacturing process. *** A separate form is required for each product supplied to the customer and for each year supplied.			
I certify that this document and all attachments were prepared under my direction or supervision, that to the best of my knowledge and belief, the information provided is true, accurate, and complete.			
SIGNATURE AND TITLE OF INDIVIDUAL COMP	LETING FORM		DATE